

BLOCK 1151-08 LOT 6 QUALIFICATION CODE _____ ADDRESS (SITE) 289 LENOX ST PERMIT NO. 11-0984



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at 289 LENOX ST.

2. Name of Owner in Fee: JESSICA + CHRIS SHANNON

Te [redacted] e-mail _____

Address 289 LENOX ST. BRICK 08723

street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: ASPEN EXTERIORS Tel. (732) 359-0600

Address 1440 CHESTERMAN WHITE, N.J. e-mail _____

License No. OR, if new home, Builder Reg. No. 13VH02691500 Exp. Date 12-31-11

Federal Employee No. 223-286206 FAX: (_____) _____

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun BOB SCHWARTZ

Tel. (732) 359-0600 FAX: (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>291.00</u>	☒	
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$ <u>170.00</u>		
9. State Permit Surcharge Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>311.00</u>		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories	_____
2. Height of Structure	_____ ft.
3. Area - Largest Floor	_____ sq. ft.
4. New Building Area	_____ sq. ft.
5. Volume of New Structure	_____ cu. ft.
6. Construction Classification	_____
7. Total Land Area Disturbed	_____ sq. ft.
8. Flood Hazard Zone	_____
9. Base Flood Elevation	_____ ft.
10. Wetlands	yes _____ no _____
11. Max. Live Load	_____
12. Max. Occupancy Load	_____

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates		Re-viewer
							Approval	Rejection	
1. ☒ Minor Work	<u>9800.00</u>								
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	<u>9800.00</u>								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group. Indicate Former: _____

4. No. of dwelling units: All Units Income-restricted

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: _____

2. Use Group: _____

3. Change in Use Group. Indicate Former: _____

III. DO YOU WANT: (optional)

1. ☐ Partial Releases

2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks

2. ☐ High Pressure Boilers

3. ☐ Pressure Vessels

4. ☐ Refrigeration Systems

5. ☐ Cross-Connections/Backflow Preventers

6. ☐ Hazardous Uses/Places of Assembly

7. ☐ Sprinklers

8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. () I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. () I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. () I further certify that I will perform or supervise the following work:

C.1. () Building C.2. () Fire Protection

I further certify that I will perform the following work:

C.3. () Electrical C.4. () Plumbing

D. () I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____

Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

Agent Name ASPEN EXTERIORS

Address 1440 CHESTER AVE

WHITING, NJ. 0859

Telephone (732) 350-0600

Signature [Signature]

III. () LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.



CONSTRUCTION PERMIT

Date Issued 04/13/2011
Control # C-11-001149
Permit # 11-0384

IDENTIFICATION Block: 1151.08 Lot: 6
Work Site Location: 289 LENOX STREET Brick Township, NJ

Qualifier

Contractor
Address

Owner in Fee
SHANNON, CHRISTOPHER & JESSICA
289 LENOX ST. BRICK NJ 08724

Telephone:

Lic. No. or Bldrs. Reg. No.
Federal Employee No.

Telephone:

I am hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT

☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION

☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

SIDING

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work \$9,800

Construction Official

Date

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable, and verification of compliance with NJAC 5:23-3.5, "Posting structures."

☐ A complete copy of released plans must be kept on the job site.
If you do not understand any of this information, please ask.



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

11-0284
04/13/11

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1151.08 Lot 6 Qualification Code _____

Work Site Location 289 LENOX ST.
BRICKTOWN, N.J. 08723

Own JESSICA & CHRIS SHANNON

Tel. _____ e-mail _____

Address 289 LENOX ST BRICKTOWN 08723

Contractor: ASPIN EXTERIOR Tel. (732) 350-0600

Address 1440 CHESAIRE AVE WHITING e-mail _____

Contractor License No. or Builder Registration No. 13VH02691500 Exp. Date 12-31-11

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 223-286206 FAX: () _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

RE-SIDING

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Date	Initial	INSPECTIONS		Dates (Month/Day)	
[]				Type:	Failure	Failure	Approval
[]	No Plans Required			Footings			
[]	All			Footings Bonding			
[]	Footings/Foundations			Foundation			
[]	Structural/Framework			Slab			
[]	Exterior			Frame			
[]	Interior			Truss Sys./Bracing			
Joint Plan Review Required:				Barrier-Free			
[]	Elec.	[]	Plumb.	Insulation			
[]	Fire	[]	Elevator	Finishes -Base Layer			
SUBCODE APPROVAL for PERMIT				Finishes -Final			
Date: _____				Energy			
Approved by: _____				Mechanical			
SUBCODE APPROVAL for CERTIFICATE				TCO			
[]	CO	[]	CCO	Other			
Date: <u>7/26/11</u>				Final			
Approved by: <u>[Signature]</u>				Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work:

New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____

Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ 9800.24

Max. Live Load _____ 3. Total (1+2) \$ 9800.24

Max. Occupancy Load _____

TYPE OF WORK:

[] New Building

[] Addition

[] Rehabilitation

[] Roofing

☒ Siding

[] Fence _____ Height (exceeds 6')

[] Sign _____ Sq. Ft.

[] Pool

[] Retaining Wall _____ Sq. Ft.

[] Asbestos Abatement Subchapter 8

[] Lead Haz. Abatement NJAC 5:17

[] Radon Remediation

[] Other _____

[] Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

U.C.C. F110
(rev. 12/07)



BUILDING SUBCODE TECHNICAL SECTION



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Control #

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Permit #

11-0984
04/13/11

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BRICKTOWN, N.J. 08723

Owner In Fee: JESSICA & CHRIS SHANNON

Ti _____ e-mail _____

Address 289 LANOX ST BRICKTOWN 08723

Contractor: ASPIN EXTERIOR Tel. (732) 350-0600

Address 1440 CHESBOR AVE WHITING e-mail _____

Contractor License No. or Builder Registration No. 13VH02691500 Exp. Date 12-31-11

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 223-286206 FAX: () _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required	_____	_____	Type: _____	Failure Failure Approval Initial
☐ All	_____	_____	Footings	_____
☐ Footings/Foundations	_____	_____	Footings Bonding	_____
☐ Structural/Framework	_____	_____	Foundation	_____
☐ Exterior	_____	_____	Slab	_____
☐ Interior	_____	_____	Frame	_____
	_____	_____	Truss Sys./Bracing	_____
Joint Plan Review Required:	_____	_____	Barrier-Free	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	_____	_____	Insulation	_____
SUBCODE APPROVAL for PERMIT	_____	_____	Finishes -Base Layer	_____
Date: _____	_____	_____	Finishes -Final	_____
Approved by: _____	_____	_____	Energy	_____
SUBCODE APPROVAL for CERTIFICATE	_____	_____	Mechanical	_____
☐ CO ☐ CCO ☐ CA	_____	_____	TCO	_____
Date: _____	_____	_____	Other	_____
Approved by: _____	_____	_____	Final	_____
	_____	_____	Barrier-Free	_____

B. BUILDING CHARACTERISTICS

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Max. Live Load _____ 3. Total (1+2) \$ 9800.00

Max. Occupancy Load _____

U.C.C. F110
(rev. 12/07)

C. CERTIFICATION IN LIEU OF OATH

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Signature [Signature]

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RE-SIDING

TYPE OF WORK:

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- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☒ Siding
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- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other _____
- ☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

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